



Staying On the Right Track!

12th Annual Arizona Immunization Conference

November 17 & 18, 2005

Registration Form

Please PRINT all information

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

E-mail Address: _____

I am a (check the most appropriate choice):

- | | | |
|---|--|--|
| <input type="checkbox"/> Primary Care Physician | <input type="checkbox"/> Nurse | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Physician Specialist | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Epidemiologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Lab Technician |
| <input type="checkbox"/> Other _____ | | |

Conference Fee

The conference fee listed below registers each participant for both days of the conference.

**To be eligible for the group rate OR early registration fee,
Registration form and check or purchase order must be postmarked on or before November 4th.**

No refunds will be given after November 4th.

Registrants will receive confirmation (including directions) upon receipt.

Enclosed is my check or purchase order: (**circle one**)

**By November 4th
\$120.00**

**After November 4th
\$150.00**

**Group rate (3 or more registrants)
\$110.00 each by November 4th
*Please contact the Immunization Program
at (602) 364-3630 for a group registration form.***

Payment: P.O. # _____ Check #: _____

Please make check payable to: TAPI (The Arizona Partnership for Immunization)



Mail registration and payment to:
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007-3233



Questions? Contact us:
Phone: (602) 364-3635 Fax: (602) 364-3285 E-mail: gonzalme@azdhs.gov